

Health Department, City of Baltimore.

Permit No. A 171 Office of Registrar of Vital Statistics. Ward 14²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, 1 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give Street and Number. } #114, Stockton St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Ulcer leg

Duration of Last Sickness, Six month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jun 4th 87

Undertaker, Warren P. Gray

Place of Business, Mulberry St. 210

R. E. Smith M. D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Physician who attended any person in his last illness is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A. 172

Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 4 1887

CERTIFICATE OF DEATH.

Date of Death,

June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Agnus Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 14 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } State St # 312

Cause of Death, { First (Primary), Died 6th A.M. June 3rd 1887 suffocation from Second (Immediate), Convulsions while lying in bed with mother }

Duration of Last Sickness, Found dead when noticed by Mother

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1887

{ Undertaker, Wm. J. Gray }

{ Place of Business, 210 Mulberry }

Address,

L. L. Sparrow M. D.

Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. **173** Office of Registrar of Vital Statistics. Ward **15**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, **July 8, 1887.**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Dattia Jonah**

Sex, Male or Female, { Cross out the word not } required in this line.

Age, **21** Years, Months, Days.

Color, **(Colored)** ✓

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States. } if of foreign birth.

Duration of Residence in the City of Baltimore, **8 years**

Place of Death, { Give Street and Number. } **303 Maryland Avenue**

Cause of Death, { First (Primary), Second (Immediate), } **Phtisis**

Duration of Last Sickness, **6 Months**

All the above information should be furnished by the Physician.

Place of Burial, **Sharp 2d Cemetery**

Date of Burial, **June 5th 1887**

{ Undertaker, **Sam'l W. Chase**

{ Place of Business, **H. L. Howard**

Theodore Costa

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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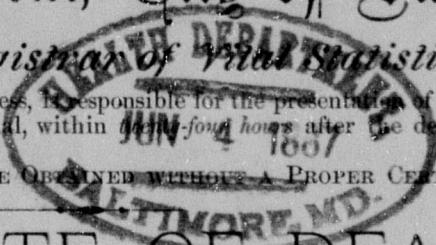
[OVER]

Health Department, City of Baltimore.

Permit No. A 174 Office of Registrar of Vital Statistics. Ward 9 ¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. D

Date of Death,

June 4th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frances H. Jenkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 88th Years, Months, Days.

Color, White

Married, Single, Widow or Widower { Cross out the words not required in this line. }

Occupation,

Maryland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

about 80 years

Duration of Residence in the City of Baltimore,

400 Cathedral St

Place of Death, { Give Street and Number. }

Old age,

Cause of Death, { First (Primary), Second (Immediate), }

about 3 or 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

H. Jenkins

M. D.

Date of Burial, June 6th 87

Medical Attendant.

{ Undertaker, Newfunkin & Sons

Address, 400 Cathedral St

{ Place of Business, Park Waratoga }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

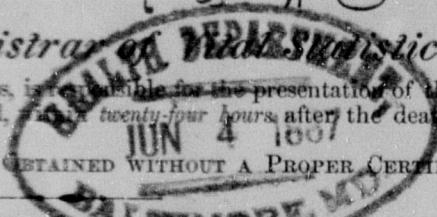
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Health Department, City of Baltimore.

Permit No. A.175 Office of Registrar of Vital Statistics. Ward 3^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 3. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Neyelle Buff Faibanks

Sex, Male or Female, { Cross out the word not required in this line. }

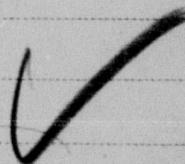
Age, 4 Years,

3 Months,

Days.

Color,

white



Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balt Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

1802 Clough St

Cause of Death, { First (Primary),

Tuberculosis meningitis

Second (Immediate),

Coma

Duration of Last Sickness,

100 days

All the above information should be furnished by the Physician.

Place of Burial, *at Cem.*

Date of Burial, *June 4/87*

P. G. Frank

M. D.

Undertaker, *Wm S. Fox*

Medical Attendant

Place of Business, *30th Broadway*

Wm S. Fox

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 176 Office of Registrar of Vital Statistics. Ward 18¹²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie Ann Christian Lybrand.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, Years, Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 811 Columbia Ave

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 4th 1887

Undertaker, J. B. COOK.

Place of Business, W. Balt. St. Address,

James & Son M. D.
County of Health & Registrar
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Duane, Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

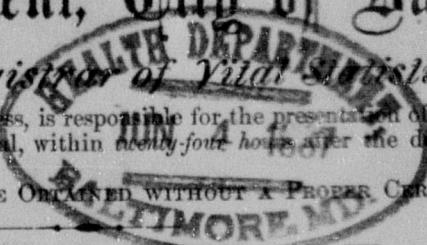
Permit No. A. 177

Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James H. Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Waiter

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, { Give Street and Number. } Corner Luberry Alley & Collins St

Cause of Death, { First (Primary), Second (Immediate), Disease, of the heart Asthmatic Paroxysm }

Duration of Last Sickness, sick about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June 5th 1887

{ Undertaker, Alex Hensley }

{ Place of Business, 561 Orchard St Address,

D. S. Spanow M. D.

Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

19 Mar

Permit No. **A. 178**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, 14 Days.

Color, Negro Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary). }
Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe & Denney,

Date of Burial, June 11 1881

{ Undertaker, William Denney }

{ Place of Business, 150 East St }

H. H. White

M. D.

Medical Attendant.

Address 1613 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

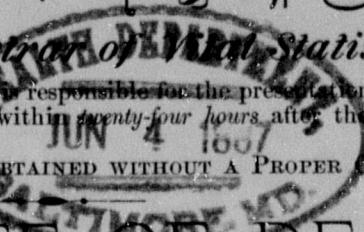
Permit No. A. 179

Office of Registration of Vital Statistics.

Ward 18^a

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



a

CERTIFICATE OF DEATH.

Date of Death, June 4th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Mary. Aaron.

Sex, Male or Female, { Cross out the word not } Female.

Age, years, 4. Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1237 W" Cross St

Cause of Death, { First (Primary), Second (Immediate), }

Olo" Infarction

Duration of Last Sickness, Few Hours.

All the above information should be furnished by the Physician.

Place of Burial, Old Shalem

Date of Burial, June 5th 1887

Undertaker, Dill & Sons.

Place of Business,

*James Stevens M. D.
County Health & Registrar
Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John E. Durding

Health Department, City of Baltimore.

Permit No. A 180 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur P Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days

Color, White

Married, Single, Widow or Widower { Cross out the words not required in this line. } ✓

Occupation, Clerk in Banks

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cecil Co

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give Street and Number. } 1702 Harlan Ave

Cause of Death, { First (Primary), Diabetes }
Second (Immediate),

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 6 1887 { B. Williams M. D. }
Undertaker, Am C. Hickman Medical Attendant.

Place of Business, 2340 W. Gay St Address, 900 Mad: Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]